United States Patent and Trademark Office
- Sales Receipt -

05/24/2006 TLAWRENC 00000003 500417 10774538

01 FC:1251 120.00 DA

Docket No.: 058604-003

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Customer Number: 20277

Takaharu YAMAMOTO, et al.

Confirmation Number: 9799

Application No.: 10/774,538

Group Art Unit: 2853

Filed: February 10, 2004

Examiner: Jason S. Uhlenhake

For: INK FEEDING RATE CONTROL METHOD AND DATA CORRECTING METHOD FOR

A PRINTING MACHINE

AMENDMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action of January 20, 2006, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.

WDC99 1223302-2.058604.0033

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Application or Docket Number			
CLAIMS AS FILED - PART								SMALL ENTITY TYPE		OR	OTHER	
U.S. NATIONAL STAGE FEES			(Column 1)		(Column 2)			RATE	FEE	7	RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		LAR	GE ENT. = \$ 300		BASIC FEE		-		MX
EXAMINATION FEE			Satisfies PCT Article 33(1)-			ther situations =				J OK	BASIC FEE	116
SEARCH FEE			(4) = \$50/\$100 U.S. is ISA = \$50/\$100		\$ 100 / \$ 200 All other situations =			EXAM. FEE		-	EXAM. FEE	1300
SEARCH FEE			ALL other countries = \$ 200 / \$ 400		\$ 250 / \$ 500			SEARCH FEE			SEARCH FEE	1.27
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 =			X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS) minus 20 =		•			X \$ 25 =		OR	X \$ 50 =	86
INDEPENDENT CLAIMS			minus 3 =		•			X \$ 100 =		ОR	X \$ 200 =	
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT					+\$ 180 =		OR	+ \$ 360 =	
If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	586
AMENOMENT A	5/19 Total /	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Columbia) High Num PREVA PAID Minus **		EST BER BUSLY	(Column 3) PRESENT EXTRA		RATE X \$ 25 =	ADDI- TIONAL FEE	OR OR	RATE X \$ 50 =	ADDI- TIONAL FEE
	Independent	. 3	Minus	Y		=	Ī	X \$ 100 =		OR	X \$ 200 =	1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+\$ 180 =	/	OR	+ \$ 360 =	/
:		(Column 1)		(Colum	ın 2)	(Column 3)		TOTAL ADDIT.	/	OR	TOTAL ADDIT	
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT	÷	HIGHE NUME PREVIO PAID F	ST SER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	:	=	ſ	X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+.\$ 180 =		OR	+ \$ 360 =	
							L	OTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
			•			<i>:</i> .			. '			
***	lf the "Highest Mu If the "Highest Mu	mn 1 is less than the mber Previously Pai mber Previously Paid nber Previously Paid	d For in this si d For in this si	PACE is less PACE is less	than '20 than '3'	7. enler "20".	ı the	appropriate box	in column 1.			